

LI 0000004860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

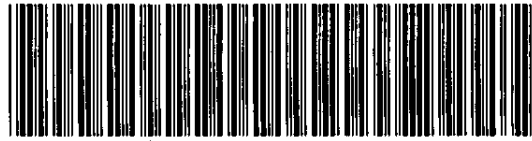
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800240902458

10/25/12--01023--014 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 OCT 25 AM 10:52

FILED

T. CLINE

OCT 26 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MZL SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NATALIA BENDERSKY
Name of Person
AFFINITY REALTY GROUP INC
Firm/Company
1680 MICHIGAN AVENUE SUITE 1024
Address
MIAMI BEACH FL 33139
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIA BENEDESKY at (**305**) **673-1160**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL 32301
2812 OCT 25 AM 10:52
FILED

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>SOLA REAL ESTATE</u>	<u>1680 MICHIGAN AVENUE STE 1024</u>	<input type="checkbox"/> Add
	<u>ASSETS CONSULTANTS LLC</u>	<u>MIAMI BEACH, FL 33139</u>	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

FILED
 OCT 25 AM 10:52
 CLERK OF DISTRICT COURT
 FALLS CHURCH, VIRGINIA

Dated OCTOBER 22 2012

 Signature of a member or authorized representative of a member
SAMUEL STRAUCH
 Typed or printed name of signee